

OFFICE USE ONLY

TYPE

LIC. NO. _____

ISSUED: _____

EXPIRES: _____

U.B.I. NO. _____


State of Washington
Department of Agriculture
Pesticide Management Division
PO Box 42591
Olympia, WA 98504-2591
Telephone (360) 902-2020
E-Mail: license@agr.wa.gov

CASHIER USE ONLY

7101

STRUCTURAL PEST INSPECTOR REAPPLICATION

SECTION 1—INSTRUCTIONS

Individuals wishing to conduct wood destroying organism (WDO) inspections after June 30, 2000 must **reapply** for a license with the new Pest Inspector (PI) category. If you have already renewed your license for 2000 and hold either the Structural PCO (E) or Structural Inspector category (SI), there is no additional exam or fee required. All others must submit the appropriate license fee.

To qualify for the PI category, you must provide WSDA with proof of financial responsibility on the enclosed Structural Pest Inspector Financial Responsibility Insurance Certificate (FRIC) or Surety Bond form (please request if needed). For more complete information, please read the enclosed fact sheet, *Law Governing WDO Inspections Revised*.

To obtain a revised license with the Structural Pest Inspector (PI) category, you must:

- 1) Complete sections 2, 3 and 4. Only submit the license fee if you have not yet renewed your license for 2000. Those submitting the fee must also submit the late fee or sign the penalty exemption statement in Section 3. If you are a Commercial Applicator who has not yet renewed for 2000, you must contact WSDA for a license packet. Please let them know you need the PI category.
- 2) Have your insuring agent complete the FRIC (AGR 4179). **Note: It must list all inspectors covered. WSDA must receive one copy containing the original signature of the agent. Each additional inspector covered under the policy may submit a copy of the completed form.** If you will be using a surety bond, please contact WSDA for that form (AGR 4177).
- 3) Submit application, fee (if required) and completed proof of financial responsibility (FRIC or surety bond) to WSDA.

SECTION 2—LICENSE REAPPLICATION/RENEWAL IN STRUCTURAL PI CATEGORY

Find your license type(s) and mark the applicable box(es). If this is a renewal, calculate your fee. If you have already renewed your license for 2000, no fee is required.

REAPPLY (NO FEE REQUIRED)	RENEWAL (FEE REQUIRED)	LICENSE TYPE	FEE	PENALTY FEE
<input type="checkbox"/>	<input type="checkbox"/>	Commercial Operator	\$50.00	\$50.00
<input type="checkbox"/>	<input type="checkbox"/>	Public Operator	\$25.00	\$25.00
<input type="checkbox"/>	<input type="checkbox"/>	Private Commercial	\$25.00	\$25.00
<input type="checkbox"/>	<input type="checkbox"/>	Commercial Consultant	\$45.00	\$45.00
<input type="checkbox"/>	<input type="checkbox"/>	Public Consultant	\$25.00	\$25.00
<input type="checkbox"/>	Contact WSDA	Commercial Applicator	Contact WSDA for packet	

TOTAL REMITTANCE FOR RENEWAL (not required for reapplication)

\$ _____

SECTION 3—APPLICANT INFORMATION

NAME (Last, First, Middle) PLEASE PRINT CLEARLY		SOCIAL SECURITY NUMBER <i>(Required)</i>	LICENSE NUMBER	BIRTHDATE
				MONTH DAY YEAR
HOME MAILING ADDRESS (PO Box or Street Address)				HOME TELEPHONE NO. ()
CITY	STATE	ZIP CODE	COUNTY	
COMPANY / AGENCY NAME				COMPANY/AGENCY TELEPHONE NO. ()
COMPANY / MAILING ADDRESS (PO Box or Street, City, State, Zip)				COUNTY
SIGNATURE OF APPLICANT				DATE

PENALTY FEE EXEMPTION STATEMENT

If you are applying for a renewal after January 1 (March 1 for Consultants) and you have not performed work requiring your license(s), you are exempt from the penalty fee. You must sign the statement below verifying your exemption status.

I hereby state that I have not operated as a _____

LIST ALL LICENSES FOR WHICH THIS EXEMPTION APPLIES

since the expiration of my last license and am therefore exempt from the penalty fee(s).

Signature of Applicant: _____ Date: _____

SECTION 4—PROOF OF FINANCIAL RESPONSIBILITY

Check one:

☐ I have current coverage under an errors and omissions insurance policy. A FRIC with my agent's original signature is enclosed.

☐ I have current coverage under my employer's errors and omissions insurance policy. A FRIC with my agent's original signature is currently on file with WSDA under the license for _____ . A copy of the FRIC is enclosed.

NAME OF INSURED LICENSEE

☐ I have coverage under a surety bond. The bond form is: ☐ attached